

FORM

Organization's name

Address

City Province Postal Code

Phone Number

Language French English

Main Product

Names of representatives

1.

3.

2.

4.

I'm a partner for:

Exhibition - 2,000\$ + tx

Lunch - 1,500\$ + tx

Cocktail - 1,500\$ + tx

Breakfast - 1,000\$ + tx

Health-Break - 800\$ + tx

Associated - 500\$ + tx

Payment Method

Cheque made payable to L'Agence dentaire de l'Outaouais

Credit Card (via Paypal)

Please return your signed form with your payment before August 23, 2019

By mail to the Agence dentaire de l'Outaouais, 139 Sève street, Gatineau (QC) J8V 4A8

By email at info@dentoutaouais.ca

By signing this form, we declare that we have read the terms and conditions of this contract.

Signature

Place Date